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THE HOSPITAL BULLETIN

OF THE UNIVERSITY OF MARYLAND

Vol. XI BALTIMORE, MD., JULY 15, 1915 No. 5

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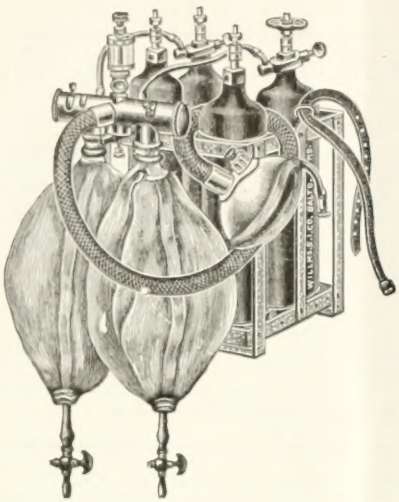

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THE HOSPITAL BULLETIN

OF THE UNIVERSITY OF MARYLAND

JULY 15, 1915

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Vol. XI BALTIMORE, MD., JULY 15, 1915 No. 5

THE CRITICAL PERIODS OF A WOMAN'S LIFE.*

The Scenes Shifting Through the Periods of Childhood, Girlhood, Maidenhood, Motherhood and Womanhood.

By HENRY D. FRY, M.D.,
Professor of Obstetrics, Georgetown University, Washington, D. C.

The hygiene of the girl demands attention one hundred years before her birth. The alcoholic parent may produce a feeble-minded child; the feeble-minded child will grow up and propagate feeble-minded children, and the pernicious strain once started will be carried into future generations. It has been stated on good authority that the money spent annually in the United States for the care of the feeble-minded is sufficient to pay the cost of building the Panama Canal once every 10 years.

Not only does the mind of the offspring suffer when the parents are unfited to rear children because of unsound minds encased in unhealthy bodies, but the physical life of the child is also endangered.

One of the most important and far-reaching periods of a woman's life is when the time has arrived for her to make the selection of a husband. They should be temperamentally fitted; they should be physically and mentally equipped to be parents. The marriage ceremony should not be "entered into unadvisably or lightly, but reverently, discreetly, advisedly, soberly and in the fear of God."

"The social aim of marriage is not simply the production of children who are to continue the race, but of children born in conditions of vitality and physical health; it is to produce a race well formed and vigorous, not to procreate beings infirm and stamped with physical and mental inferiority, destined to early death or to drag out a miserable existence of invalidism." (Morrow.)

There is no justification for one moral law for man and another for woman. A woman has as much right to demand purity as a man. Man is permitted to "sow his wild oats," and when he marries his innocent wife and her children suffer for his misdeeds. "We shall know them by their fruits. Do men gather grapes of thorns, or figs of thistles?"

On the other hand, healthy children may be born of healthy parents; they inherit every right to develop into sturdy, useful members of society; but ignorance or improper rules of living sap their vitality as much as vegetable life will suffer from the want of air, sunshine, water and soil.

Girls, particularly, fall a prey to the evils of unhygienic living. Modern life with the demands of social customs, premature indulgence in the pleasures of society, faulty dress, carelessness at the menstrual periods, overdevelopment of the mind at the expense of the body—these are some of the pitfalls which hinder the progress of girlhood in preparation for carrying her through the critical periods of her life. A well-known writer has truly said: "The care of the health of the growing girl begins with the education of the mother."

Statistics show that 106 boys are born to every 100 girls. This numerical superiority of the males is later reduced by the more hazardous

*Reprinted from the *Hospital News*, March, 1915.

nature of their life work. For the first 12 or 14 years of their lives the characteristics of the two sexes are masked. Nature has implanted instincts that should be followed. Boys and girls have an innate restlessness and want to be on the move at all times; encourage them to exercise in the fresh air. No matter how prim parents may be, their children are nothing more than playing animals. From 6 to 10 or 14 years of age let the girl play with other girls and with boys of her age. Foster a love of sport, and do not tie her to her mother's apron strings. She may get some bruises or cuts, but her mental and physical development get the benefit of an active life. In the winter let her go skating, snowballing, coasting, etc.; and when she comes home with wet feet, change her stockings and shoes. At proper seasons basket-ball, tennis, golf, horseback riding and such outdoor sports are helpful to prepare her for the critical periods of her life. Have her taught to row a boat and to swim. To deny girls these pleasures on account of any danger incurred, and, when older, to permit her to whiz along country roads in an automobile, is like straining at a gnat and swallowing a camel.

So much for the physical preparation. Now what about the mental? Just the opposite course. Keep the mind inactive until nature has prepared it for action. Balance the physical and mental forces by promoting the former and holding in check the latter. The brain of the child develops rapidly, and reaches nearly its full weight at the end of the eighth year. Problems of education are those of evolution—problems in growth and development; and development waits upon growth. "First the blade, then the ear; after that, the full corn in the ear." Education should begin, then, about the eighth year, and study at first ought to be more play than work. Instead of developing the muscles of the trunk and locomotion, attention is directed to muscles of vocalization, muscles of the hand in writing, and later the more complicated movements necessary to train them for running over the keyboard of the piano. (Hartwell.)

One writer thinks close application to the study of music is particularly deleterious because of "the emotional influence and expenditure of nervous energy demanded."

The generative organs are the last to develop in the growing girl, and, unfortunately, the period of maturity coincides with the period of greatest nervous and physical strain. Overstudy in high school and college, want of fresh air and outdoor exercise, luxurious living, rich and improperly cooked food, rapid eating, the temptations of the soda water fountain and confectionery stores, high-heeled shoes—these are some of the pernicious influences exerted to thwart Nature in her preparation and development for the struggle of life. Mention should be made to condemn the latest style of wearing apparel. Low shoes and short skirts in winter and the low-cut V shirtwaists exposing the chest of the wearer to the cold air tend to produce, ultimately, deafness, rheumatism and heart disease. Many girls grow up nowadays with undeveloped generative organs. It is the Nemesis of the same pernicious life indulged in by their progenitors, and their sins are visited "upon the children, unto the third and fourth generation." Athletic sports and outdoor life are more in vogue now, but the beneficial influence will be demonstrated more in the life of future generations than in the present. It takes as long for good habits to bear fruit as for bad ones to destroy it. At the budding time of a girl's life the allurements of society entice her prematurely within its toils. Dances, the theater and a late hour for retiring one day do not fit her for the teas, luncheons and receptions of the next, to say nothing of the abuse of her digestive organs with rich dishes, sweetmeats and ices.

PUBERTY.

We may say the first critical period of a girl's life is the time when she arrives at her puberty. She changes mentally and physically. She is passing from childhood to womanhood—the bud is unfolding into the flower. Frivolous amusements, toys and childish games no longer appeal to her; she enters a new phase of life with new thoughts, desires and emotions. She is now modest, retiring, dignified, and feels her sense of duty in life. St. Paul describes it when speaking of puberty in the opposite sex. He says: "When I was a child, I spoke as a child, I understood as a child, I thought as a child; but when I became a man, I put away childish things." During puberty of the girl psychical changes accompany the physical. Her pelvis enlarges and breasts increase in size; the one indicating preparation for childbearing, the other provision for the nourishment for the offspring. The hips broaden, angular lines

of the body are filled out by the deposit of adipose tissue, the figure becomes rounded and graceful.

MENSTRUATION.

The periodical flow of blood from the womb, menstruation, marks the child-bearing period of the woman's life. It begins at puberty and ends at the menopause or "change of life," lasting about 35 years. The periodical recurrence of this flow occurs once in 28 days, about 13 periods a year, of an average duration of 5 days each, make a woman spend 5 or 6 years of her life in menstruating. The function of the ovary remains quiescent during the growth of the girl, but at the time of puberty the developed ova are accompanied by the menstrual process. At such times the girl is subject to periods of discomfort, a feeling of weight and heat in the back and loins, of tenderness in the breasts, and dark circles may appear under the eyes. She complains of chilliness, reflex nervous symptoms are exaggerated, and hysterical symptoms are common. Only a small degree of discomfort should be experienced at such times in healthy women with well-developed organs of generation, but, unfortunately, a large percentage of women of the present generation suffer pain at this time; pain varying in degree and duration. Young girls who reach the critical age of puberty with organs unprepared by Nature for the establishment of ovulation and menstruation suffer pain at such times from the beginning of their menstrual life. Other girls, better equipped physically, begin their menstrual career normally and painlessly, but later in life join the suffering class because of indiscretion. Carelessness in dress and mode of living are particularly fraught with danger at each time of recurrent monthly congestion. Insufficient protection of the body against the effect of cold; wearing low shoes in winter; cold baths at or near the menstrual period; low evening dresses, exposure of the body to rapid chilling when overheated after dancing and coming out of entertainments are some of the pernicious influences. A word of warning may be given against the habit of taking alcoholic stimulants to relieve the pain. Whiskey and gin are popular remedies, while many of the patent medicines advertised as harmless contain from 20 to 30 per cent. of alcohol. I have personally known of inebriety resulting.

PREGNANCY.

At puberity the girl is capable of reproducing her species, but Nature has not yet fitted her physically or mentally to undertake such a sacred duty. From 4 to 6 years should elapse between puberty and nubility. One is capability and the other fitness for reproduction. Plato showed his wisdom when he wrote: "A woman may bear children to the State at 20 years of age." Pregnancy inaugurates a series of changes local and general. As would naturally be expected, the local changes are focalized in the womb because it is the habitat of the future offspring. The organ increases rapidly in size and weight to accommodate the growing product of conception; it supplies oxygen and nourishment for its intrauterine development; it eliminates the waste products of metabolism; it protects the baby from mechanical injuries, and finally, it builds up strength within itself to expel the infant into the world when it has been fitted for extrauterine life. The condition makes a double demand upon the system of the pregnant woman; she must eat and assimilate for two; breathe for two and eliminate for two. The waste products of nutrition circulate in her system as poisonous agents, and unless excreted promptly they will accumulate and produce a toxemia. A slight degree of toxemia is the rule in pregnant women. The ordinary morning sickness is usually an expression of toxemia. Nature fortunately is equal, as a rule, to the task imposed upon her at such times. The liver and certain ductless glands oxydize and disintoxicate the poisonous products, rendering them inert and prepared for elimination through the kidneys, bowels and skin. Pregnancy, it is true, is a physiological process, but it may pass the border line of health and become pathological. Let me emphasize the importance of placing every pregnant woman under careful medical supervision during the entire period. To recognize the onset of trouble and by early treatment to correct it saves many lives of both mothers and children. A woman about to become a mother should be watched; insufficiency of the functional activity of any of her organs should be corrected promptly—in other words, she should be brought up to a physical and mental condition that will fit her to pass safely through the childbirth.

existence, and after a period of suffering the child is born. No more striking antithesis between action and inaction, pain and relief, sorrow and joy, can be found than in the transition from labor to the birth of the baby. "A woman when she is in travail hath sorrow, because her hour is come; but as soon as she is delivered of the child she remembereth no more the anguish, for joy that a man is born into the world."

Prejudice against the relief of pain in childbirth is old. In 1591 a poor woman was burned to death in Edinburgh for employing charms and other means of casting off the pains of labor, and yet Edinburgh was destined to be the cradle of obstetric anesthesia. There it was that Sir James Y. Simpson first used ether to allay the suffering of childbirth, on January 19, 1847. On the 10th of February of the same year he brought the subject to the attention of the Obstetrical Society of Edinburgh. The practice was taken up by others. In February and March, 1847, it was used in London; then in Paris, Germany, Boston and Dublin, in the order named. Ether and chloroform were new discoveries at that time, and the introduction of anesthesia for this purpose met opposition in all countries, and led to many bitter controversies. In the United States the fight against it was headed by the best and most influential obstetricians of that time—Meigs, Hodge and Bedford. After the lapse of years it is amusing to read the arguments brought forward against the practice, and the theological tone which prevailed in some quarters is the most extraordinary feature of the whole affair. It was gravely asserted that the relief of pain during childbirth removed the maternal instinct. It was immoral because it produced a condition similar to that of intoxication. Various ill-effects were attributed to it—epilepsy, convulsions and insanity. The most popular argument against the relief of pain under these circumstances asserted that it was sacreligious to thrust aside the decrees of Providence, and the Scottish clergy reviled Simpson for his work in opposition to the primeval curse: "In sorrow shalt thou bring forth children."

investigation that the method was safe and beneficial, and so the practice gradually fought its way to recognition. An impetus was given the movement when Dr. Snow used chloroform, April, 1853, to relieve the sufferings of Queen Victoria at the time Prince Leopold was born.

Ether or chloroform anesthesia is employed now almost universally to soothe the sufferings of the acute pains which immediately precede the birth of the child, but this leaves the woman unaided during the long hours of labor through which she must pass before reaching that period. Some agent was sought which could be used at the beginning of labor which would not prolong the process and which would bring relief without adding extra dangers to the mother or child. Such an agent, the scopolamine or "Twilight Sleep" treatment, emanated from German investigators in 1902. Recently the attention of the public has been directed toward this method by numerous articles published in the popular magazines and in the daily press.

Investigation, it might be said, was again forced upon obstetricians by the clamor of public opinion. The method employed at the Freiburg Clinic was carefully studied and followed, and as a result we are receiving reports from maternity hospitals which appear to bear out the claims of Kronig and Gauss. In 1907 I investigated the Twilight Sleep method and abandoned it as unsatisfactory to the mother and dangerous to the child. This was also the general verdict of others who had been induced to try the method. Recently I decided personally to undertake once more the Twilight Sleep treatment, and September 22, 1914, introduced it at my Obstetric Service at the Georgetown University Hospital. Contrary to former experiences, the result has been encouraging. The memory of the pains of childbirth have been abolished in two or three hours after the beginning of labor, and no babies have been lost. I now believe that my dissatisfaction and that of other investigators was due to the lack of close personal supervision. It cannot be left to the intern and nurses of the hospital until they have witnessed a number of cases and been made thoroughly familiar with the details of treatment without bringing unmerited discredit upon it. The physical and mental conditions of the woman must be studied every half hour in order to regulate the dosage of the scopolamine—too little or too much of the drug will defeat the success of the treatment. The interval of the re-

currence of the pains and their duration, the condition of the mother's pulse and the heart sounds of the infant must be carefully noted at frequent intervals. It will usually take several hours to obtain the Twilight Sleep, and this is determined by mental tests. These tests must also be repeated at half-hour intervals in order to bring and maintain that semi-conscious state of the mind necessary to success. The mental tests are made by asking certain pertinent questions. The patient then tries to arouse herself from her mental apathy; she makes no effort to concentrate her thoughts, and the answers will demonstrate whether or not she is in Twilight Sleep. We may ask how long since she has had her last hypodermic injection, and in what part of her body was the injection made? We may show her some object and ask what it is, and in 20 or 30 minutes ask again what has been shown to her. For instance, I held up a bunch of keys before a patient and when questioned about it later, she said I had shown her my watchchain and pocketbook. After we have succeeded in obtaining this condition of the mind, it may be continued three or four hours without further medication, but as soon as the mental test becomes negative, the scopolamine must be administered again. During the state of Twilight Sleep the woman dozes during the intervals of pain, but when the pains recur, she may moan and move. An inexperienced onlooker might think the treatment a failure, but after the baby is born she falls into a refreshing sleep, and when she awakens some hours afterwards, feeling rested, she has lost all memory of her pains and doubts the truth that her baby is born.

The mental condition produced by the morphia-scopolamine amnesia is a peculiar one, and demands the elucidation of the psychologist. The woman dozes or sleeps between pains; she is not unconscious; she will attempt to answer questions or obey instructions.

What are the pains of labor? Pains of labor and contractions of the womb are synonymous terms. The contractions are the active forces which expel the infant into the world; the pains are co-incident and dependent on the contractions and due to twofold causes: the pinching or compression of the terminal nerve filaments between the muscular fibers of the womb, and pressure or stretching of the passage by the passenger.

Ordinarily, pain is described as objective and subjective. Objective pain is that which you appreciate by observing the manifestations of the patient, her outcries, her moans, her expression, her moving or tossing about the bed. Subjective pain is that which the patient describes—she speaks of the degrees of the pain, its character, duration, etc. Objective pain is not obliterated by the Twilight Sleep; subjective pain is. Can this discrepancy be accounted for by any theory regarding the functions of the subconscious and conscious minds?

Another phenomenon noticed is the absence of shock and exhaustion after the morphia-scopolamine amnesia. Some light may be thrown on this by the valuable investigations of Dr. Crile. He discovered that certain emotions as pain or fear cause shock and exhaustion by injuring or destroying the cells of the brain, liver and adrenals. This led him to introduce what he has called his anoci-association method, which is employed before, during and after an operation with the view of blocking the nerves and preventing the transmission of the deleterious effects of these emotions to the brain and other organs. The result has been to secure better convalesence, and to reduce his operative mortality from 4½ per cent. to less than 2 per cent., which means a saving of two or three extra lives in every 100 operations. The Twilight Sleep condition abolishes subjective pain and the memory of the conscious mind, and inhibits the transmission of the injurious effects of pain to the brain, thus saving the brain cells and preventing shock and exhaustion after childbirth.

A striking feature following the treatment is the exceptionally rapid convalesence of the mothers. The day after childbirth we note an absence of shock and exhaustion. The mothers feel well; they have a good appetitie, and express a desire to get out of bed. This wish is not gratified, as I believe the best interests of the patient and her ultimate restoration to health demand rest. The usual time, however, allowed other puerperal patients is 10 days before sitting up out of bed, but this is shortened to 5 or 6 days in Twilight Sleep cases with no ill-effects. We have observed none of the objections raised against the treatment such as the long labor and hemorrhage. The effects of the scopolamine pass away with the sleep of the mother in 8 or 10 hours after labor. The drug is not cumulative, and therefore the statements of lasting ill-effects

to the mother are seldom mentioned. The one objections, be it remembered, were brought against the use of ether and chloroform, and disastrous results as epilepsy, convulsions and insanity were prophesied.

An alienist in New York City is reported by the newspapers to have claimed that the use of scopolamine may produce insanity, and he reported four cases which had come under his observation. At a recent meeting of a medical society held in New York City to discuss the subject of Twilight Sleep this alienist was invited to be present. He was unable to do so, but wrote a communication saying he denied the statement. Wishing to be sure of my ground, I wrote to a personal friend who is an attendant at one of the large New York hospitals, asking confirmation of the above report. An answer to my letter of inquiry assured me that the alienist positively denied having made such a statement, and disclaimed ever having discussed the matter with any reporter, and said that he did not believe that this form of obstetrical amnesia had anything to do with the cases about which the question arose, but which were probably ordinary cases of mild puerperal mania.

We must remember that women may have some degree of mental derangement after childbirth, but the number of cases occurring after the scopolamine treatment is no greater than in those delivered without it, or, indeed, no greater than in all classes of women between 20 and 50 years of age.

If any influence be produced upon the baby, it also will be temporary and manifested immediately after birth. To guard against this, one must make examinations repeatedly and at frequent intervals during labor to ascertain the character and rapidity of the heart sounds of the infant.

Two fallacies of the treatment are often advanced by ardent advocates of the method among the laity. One is the misnomer, "painless labor." The labor is not painless, but the memory of the pain is abolished. The other is the ridiculous belief that the Twilight Sleep baby is healthier and develops more rapidly than the other babies.

The October number of a popular magazine presents a picture, and under it we read, "A Freiburg mother and her two children. The older child was born in the old school way, and, though six years old, it being rapidly outdistanced in physical development by his four-year-old sister, born under scopolamine." It is the height of absurd reasoning to claim that this effect was produced upon the child because the mother had been under the influence of a drug for a few hours before its birth.

Why is it that young mothers of the present day so often become physical and nervous wrecks? The responsibilities of motherhood should not impose that penalty. Mothers must first get well before they can "keep well." To get well they must not assume the cares of household duties too soon. Going to market and shopping before they have regained their strength and the custom of plunging into the swirl of social life too soon are vampires that suck their life's blood. She owes it to herself and baby to rest, to walk or ride outdoors, and to sleep in a well-ventilated room from seven to nine hours at night. Fresh air, properly prepared food at regular intervals in the day and open windows at night should be her rules for living. A most pernicious influence that saps her nervous energy is the loss of rest and sleep when she has formed the bad habit of nursing or feeding her baby two, three or four times at night. Babies are not born with bad habits, but they soon acquire them. Accustom the baby to one nursing after the hour for the mother to retire, about 1 or 2 o'clock, and not again until 6 or 7 in the morning. After a few months of age a baby should go from 10 at night until 6 or 7 in the morning. In this way only can the mother secure the required rest and sleep to enable her to "keep well."

If I were to ask this audience what, in their opinion, is the most critical period of a woman's life, I feel sure the vast majority would say the "change of life." That the cessation of the menstrual flow is fraught with many dangers is a belief which tradition has handed down through the misty ages of the past. The natural flow of blood occurring at such times was considered an act of purification of the system—a sort of monthly house cleaning, and its failure to occur after the menopause was held responsible for sickness and many evil consequences. It is true that women between the ages of 40 and 50 are liable

to local complications as hemorrhages, tumors, cancers, etc., but the change of life must not be considered the *cause;* both these diseases and the menopause are the *effect* of age. Woman has now passed her period of maturity, and she must bow to the inevitable laws of Nature and accept the oncoming of physical decay. Her powers of resistance to disease are less, and she may fall a victim to the consequences of age, and not to the cessation of her menstrual flow. Two classes of women approach this period of their lives—the normal and the abnormal. The former are healthy in the ordinary acceptation of that word; they have menstruated normally and have no local trouble. The menses stop at once after a few sporadic efforts at varying intervals; they may complain of sensations of heat and cold (local and general), profuse perspirations, headaches, flushing, nervousness, irritability and depression of spirits. These represent the inherent symptoms of a normal menopause. The second or abnormal class has a more stormy passage over the Rubicon. Nervous symptoms are exaggerated, and they flow too often and too freely. Hemorrhages at such time are unnatural, and are usually due to diseased conditions. A physician should be consulted under these circumstances; it is a grave mistake to neglect one's self under the delusion that hemorrhages are natural and due to "change of life."

Finally, I wish to speak with all the emphasis I can command about the dreaded disease, cancer of the uterus, hopeless unless recognized in an early stage of development. In the beginning, cancer is a local disease, and unless discovered and eradicated promptly by the knife, it will spread malignant cells into the deep-seated tissues and defy successful treatment unless radium or X-ray will prove efficient. A campaign of education should go on unceasingly to instruct the laity and medical profession regarding the symptoms of cancer and its early recognition. Women must be taught the significance of these symptoms and be urged to seek medical advice at once, and physicians must be taught to investigate all such cases and to employ every means known to science to reach a correct and prompt diagnosis. Unfortunately, it is too often the case that women will consult their family doctor and he will fail to grasp the situation because he does not suspect the possibility of cancer. He may dismiss the case without an examination, with the assurance that it is nothing serious, and rest content to order a vaginal douche. He may go further and examine the patient; he may find an ulcerated surface and then lose valuable time by local treatment before calling a consultant who is competent and trained in this special line of work. The early symptoms of cancer are recognized as bleeding, discharge and pain. The bleeding may vary from a mere spotting on coughing or straining to a hemorrhage. It may recur at uncertain intervals, and is particularly significant if the menopause be passed. The discharge is of a watery character, and soon becomes disagreeable in odor. Pain is a very unreliable symptom, and does not appear usually until the disease has reached an advanced stage. The cause of cancer is not known, but certain predisposing factors are recognized. Heredity is one. I will recall to your minds that the fatal illness of Napoleon Bonaparte was cancer of the stomach, and that his father, brother and two sisters died of the same disease.

It is claimed that an hereditary influence can be traced to 25 or 30 per cent. of all cases. Age is another predisposing factor. Cancer claims the greatest number of victims between 40 and 55 years of age. Child-bearing is another. Cancer of the uterus is relatively rare in women who have not borne children.

Let me repeat the early symptoms of cancer of the uterus—repeated bleeding, a watery discharge and pain. I do not wish to be an alarmist, but let me urge if these symptoms occur, especially after the cessation of the menopause, to seek medical advice. If your doctor makes light of it and orders a douche or attempts to treat an ulcer, do not be satisfied with his opinion. Demand an immediate consultation with someone recognized as a specialist.

The nature of my address has led me to touch on many subjects, which may produce confusion in your minds, but if you forget everything else I have said, I will feel amply repaid if you go away tonight and carry with you the recollection of my warning about cancer.

At the graduation exercises of St. John's College, Annapolis, June 16th, the honorary degree of Master of Arts was conferred upon Dr. Frederic Rankin, class of 1909, of 2124 Maryland avenue, Baltimore.

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Editor . . . . . NATHAN WINSLOW, M.D.

BALTIMORE, JULY 15, 1915

THE NEW PRESIDENT OF THE AMERICAN MEDICAL ASSOCIATION, DR. RUPERT BLUE, SURGEON-GENERAL, UNITED STATES PUBLIC HEALTH SERVICE.

By election as president of the American Medical Association the greatest compliment in the hands of the American medical profession has been accorded Surgeon-General Rupert Blue, class of 1892. Undoubtedly Surgeon-General Blue by his new honor becomes the most distinguished living alumnus of the University of Maryland. Thus again is the virility of our good old University attested. Any institution which can give to the profession and nation a son of the attainments of Surgeon-General Blue is not decadent, but in the acme of its success. This appointment should make every alumnus proud of his Alma Mater, and should once and for all satisfy the Faculty that they are not unmindful of its obligations to the profession, city, State and nation.

Dr. Blue was born in South Carolina in 1868. He was graduated from the University of Maryland in 1892, and became an intern in the Marine Hospital Service during the same year. The following year he was commissioned Assistant Surgeon, and promoted to the grade of Past Assistant Surgeon in 1897 and Surgeon in 1908. He was commissioned Surgeon-General of the Public Health and Marine Hospital Service by President William Howard Taft, January 13, 1912, which appointment was won by noteworthy and meritorious service, especially evidenced in the suppression and eradication of bubonic plague in San Francisco in 1907, which work brought him instantly into such prominence that his fitness for the position of Surgeon-General could not but be recognized. A few years ago Dr. Blue spent some time in Europe studying preventive medicine as practiced there, and in 1910 graduated from the London School of Tropical Medicine. In May of the same year he was detailed to represent the Public Health and Marine Hospital Service at the International Congress on Medicine and Hygiene at Buenos Aires, and while there took advantage of the opportunity to study possible routes by which plague and yellow fever might be brought into the United States from South America. His last detail before his appointment as Surgeon-General was at Honolulu to act in an advisory capacity to the Hawaiian Board of Health and other departments of the Territorial Government to inaugurate a program to reduce to a minimum the introduction and spread of yellow fever or plague in the Territory after the opening of the Panama Canal. In 1900 the honorary degree of doctor of science was conferred upon him by his Alma Mater.

While Surgeon-General Blue has been highly complimented by his elevation to the presidency of the American Medical Association, we feel the Association is no less complimented in obtaining the services of such a distinguished man. THE BULLETIN takes pleasure in voicing the sentiments of the Faculty and his brother alumni in congratulating Surgeon-General Blue upon the high honor thrust upon him.

HERE TODAY, GONE TOMORROW.

It is with the greatest grief that we announce to our readers the death of Dr. St. Clair Spruill. Less than a week before his demise he was to all appearances in his usual health. Therefore the announcement of his death on June 24, 1915, came as a distinct shock to his many friends. His death was attributed to a general septicemia, secondary to a frontal sinusitis. Thus within the space of six months the University of Maryland has lost by death three of the most prominent members of its staff—Drs. Chew, Coale and Spruill—three men whose destinities have been allied closely with the destiny of the University of Maryland. And of the three, none has played a greater part in the upbuilding of the University than Dr. Spruill, who for 25 years had labored and spent his best thought and effort to the upbuilding of the University Hospital. Shortly after gradu-

SURGEON-GENERAL RUPERT BLUE.
President American Medical Association, 1915-1916.

[illegible] set about, with the encouragement and support of a few members of the Faculty, to create a sentiment for a modern hospital. This missionary work led to the building of the present University Hospital, an institution of which he was justly proud and an institution which he regarded as a child of his. After serving as superintendent for a number of years, Dr. Spruill engaged in the practice of surgery in Baltimore, and soon came to occupy a foremost position. His reputation as a practical surgeon spread far and wide. His judgment was excellent, his technic perfect and his knowledge of the principles underlying surgery sound. These qualities, together with a charming and lovable personality, assured him an abundance of success. Taken away in the height of his success and while still a young man, those around the University will sorely miss his pleasant greeting and the student and young graduate his words of encouragement and help in getting a start in life, for it was Dr. Spruill's greatest pleasure to place a young man. In the death of Dr. Spruill the University of Maryland has suffered a severe loss, the city an accomplished surgeon, the students a steadfast friend. Though the loss in this instance is hard to bear, it is not for us to understand the work of the Almighty. All we can say is, "Thy will be done."

CONFLICTING BANQUET DATES

May 31 was selected as the date for the annual gathering of both the Medical Alumni and the General Alumni of the University of Maryland. This was very unfortunate, and was a matter of keen regret to many members of both organizations, causing no small amount of comment.

The General Alumni Association represents all departments, and its annual gathering should be a great-big event, with big attendance, big speakers, big times all around. It should come on a night when no other events will interfere with the program. All departments of the University should be well represented—law, medicine, pharmacy, dental and academic.

The Medical Alumni Banquet and the banquets of the several Schools just mentioned [illegible] vance, and should not conflict. That these reunions should be held at or near commencement goes without saying. Only mismanagement of a sort which is hard to excuse will bring about a recurrence of this past year's muddle.

Plans must be made well in advance. There must be co-operation between the executive committees, and harmony of act as well as spirit must prevail.

We all first owe our allegiance to the General Alumni Association, and next to our individual Schools. But this allegiance may be made to bear its best fruit only through co-operation. Such a conflict of dates surely cannot happen again.

THE MEDICAL ALUMNI ASSOCIATION.

The Medical Alumni Association of the University of Maryland School of Medicine is by far the strongest and perhaps the oldest Alumni Association of any of the Schools now constituting the University of Maryland. At a special meeting held on May 1, 1880, and at an adjourned meeting held on May 8 of the same year, the constitution, by-laws and minutes of a previous meeting, held on March 5, were accepted, and the Medical Alumni Association began its career.

The minutes of the first meeting record that this was held at "Rennert House," West Fayette street, between Calvert and North streets, on March 5, 1880. Dr. Jacob W. Houck called the meeting to order, and moved that Dr. James A. Stewart take the chair, which was adopted.

Dr. Eugene F. Cordell was elected secretary, and Dr. Tiffany, the dean of the faculty, introduced the graduating class of 1880. On motion of Dr. J. Shelton Hill, the meeting organized itself into a "permanent organization," to be called the "Alumni Association of the School of Medicine of the University of Maryland."

The following officers were unanimously elected:

President—Dr. George W. Miltenburger.

Vice-Presidents—Dr. James Carey Thomas, Dr. Richard McSherry and Dr. D. J. McKew.

Recording Secretary—Dr. Eugene F. Cordell.

Corresponding Secretary—Dr. B. Bernard Browne.

Treasurer—Dr. Samuel C. Chew.

Let us ponder a moment over the opening paragraph of the constitution, which was adopted at this first meeting, 35 years ago. The hand which transcribed it in the minutes, which are now quite yellowed with age, was that of our late distinguished alumnus, Dr. Eugene F. Cordell.

It reads: "We, alumni of the School of Medicine of the University of Maryland, desirous of perpetuating those associations which began during our professional student life, and of keeping alive our interest in our Alma Mater and advancing in every legitimate way her welfare, do hereby form an association for the above purposes, and do enact the following constitution and by-laws for the government of the same."

During the remainder of his life Dr. Cordell devoted himself with a great enthusiasm to this association. From the very first there has been another enthusiastic alumnus, under whose guiding genius and because of whose tireless efforts the Alumni Association has become the strong organization it is today. I speak of the "youngest" alumnus both mentally and physically, who is a member of the association, Dr. G. Lane Taneyhill. If one-half of the alumni of the Medical School had one-tenth of the enthusiasm and loyalty, one-tenth of the "college spirit" which these two men have exhibited, the University of Maryland would years ago have become not only the foremost seat of medical teaching in the State, but in the whole United States. That such is not the case is due in no small degree to the apathy exhibited by such a large number of our graduates.

In no other way can such progress be made as through the active interest of the alumni of a seat of learning. Individual interest is as essential as are the drops of water which, when gathered, form a stream. But unless these drops of interest are co-ordinated and directed, the wheel of advancement and progress will stand still.

It is through the Alumni Association that desired progress can be made and has been made and must be made in the future. We know this well enough, but all of us do not act upon our knowledge from one reason or another. The time has come when advantages already gained and to be gained will in the first instance be lost, or in the last never be fully reached unless there is an awakening to our duty. And this duty has many of the elements of both duty and obligation. To affiliate with the Medical Alumni Association alone is not enough, but it is a start in the right direction. After affiliation latent ability to execute slumbering desires to do what becomes us will be awakened and afforded the fullest opportunity. We have a strong association now. Let us up and together make it a powerful one. One whose influence will be so enhanced that naught which will make for the legitimate welfare of our Alma Mater will be neglected and no legitimate request refused.

Numerically, the Association is far behind what is should be at the present time. In 1883, just three years after the founding, there were 223 members enrolled. *In 1915, the present year, 32 years later, exactly the same number appears upon the list.* Of the men who joined in 1880, I find the names of but few who are now actively connected with the Medical School—Dr. Thomas A. Ashby, Dr. Randolph Winslow and Dr. John G. Jay.

Many have died, and many who are alive and active are associated with other institutions or have seemingly lost interest. It is one of the first objects of the association in 1915 to gather these wanderers within the fold.

There is a large field which can be drawn from, and a greatly increased membership will follow this year's work, which will begin at home. *Every member of the teaching staff in the University and in the dispensary should, and no doubt will, respond to stimulation. At present not more than one-half of the adjunct faculty are members of the Medical Alumni Association.*

At the last annual meeting a Central Membership Committee was appointed. This committee will appoint subcommittees in every county in the State of Maryland within a few weeks. In this way the "lost sheep" can and will be gathered in. When next June rolls around there should be such a gathering of medical alumni as has not been seen before, with the possible exception of centennial year.

The alumni body does not consider that it has filled its full purpose when it has gathered together a large number at a banquet or smoker, as the gathering is but a means to an end. This is so evident that there is but small excuse for calling attention to it. It is pleasant to renew old friendships, to talk of the "good old days," to

[illegible] stout hearts and willing hands which wish for the brilliant future which is before our Alma Mater, so that the Alumni Association will be a body which the University can lean upon, can trust to support its academic ambitions, can look to for full support in promoting its future welfare.

It has been suggested that the next year's reunion shall be one in which the program will comprise more than a banquet; that a day of clinics be arranged for at which distinguished members of the profession will demonstrate their methods and recent advances in their special lines of work; that a boat be chartered and part of the day on which the banquet is to be held spent upon the water. These are all good suggestions, and should bring forth others. The period must be one of profit and pleasure combined. There must be full opportunity offered for renewing old friendships and for arousing interest in the University affairs and future. The gathering around the banquet board for several hours, as has been the custom in the past, does not afford this opportunity.

The splendid work which has been done outside the State of Maryland during the past year by Dr. Thomas A. Ashby is already well known. He has gone to distant States and has brought about the formation of a number of State Alumni Associations of the University of Maryland. The State of Maryland contains by far the largest number of graduates from the School of Medicine of any. It is here that the strongest efforts will be made during the coming year by the Central Membership Committee. The results should be brilliant. The State affords a field of "alumni material" which has hardly been touched, but which will be ploughed deep and cultivated well in order that its treasures of neglected and neglectful material may be brought forth.

There should be a hearty co-operation between the alumni of the three recently combined Schools of Medicine. This would mean great strength. The three associations should become as one, with but one interest for all. By this I mean that all should think and work together; that there should be a fostering of loyalty in all, in order that a really great future of our University be assured.

THE NEW ENGLAND ALUMNI ASSOCIATION OF THE UNIVERSITY OF MARYLAND

Dr. T. A. Ashby attended the meeting of the Alumni Association of the Baltimore Medical College and the University of Maryland, held in Boston on June 9.

This meeting was attended by the alumni of both institutions, and was a most enjoyable affair. The banquet was held in the evening at Young's Hotel, at which over 30 of the alumni of the two institutions were present. The by-laws of the Alumni Association were changed to read: "The New England Alumni Association of the University of Maryland."

Among those who attended were the following:

Dr. C. S. Parker, Providence, R. I.
Dr. A. L. Miner, Bellows Falls, Vt.
Dr. C. E. Harris, Hyannis, Mass.
Dr. W. H. Sturgis, Allerton, Mass.
Dr. H. A. Rosa, Fall River, Mass.
Dr. F. A. Sullivan, Haverhill, Mass.
Dr. P. C. Devlin, Haverhill, Mass.
Dr. L. B. Le Gro, Haverhill, Mass.
Dr. Hector J. McLean, Boston, Mass.
Dr. H. J. Keaney, Everitt, Mass.
Dr. M. J. Dowd, Thompsonville, Conn.
Dr. A. K. Yoosuf, Worcester, Mass.
Dr. W. T. Councilman, Boston, Mass.
Dr. G. M. Bouroughs, Danielson, Conn.
Dr. C. S. Gilman, Boston, Mass.
Dr. Frederick L. Blair, Providence, R. I.
Dr. F. Downing, Morsup, Conn.
Dr. C. B. O'Rourke, E. Providence, R. I.
Dr. P. J. O'Rourke, Providence, R. I.
Dr. J. P. McKenna, Providence, R. I.
Dr. Wm. Rumage, Arlington, Mass.
Dr. P. G. McKenna, Providence, R. I.
Dr. F. L. Lapham, New Britain, Conn.
Dr. J. G. Hartnett, Winsted, Conn.
Dr. F. Matulaitis, Boston, Mass.
Dr. E. T. Brown, Groveton, N. H.
Dr. E. M. Miller, Woodsville, N. H.
Dr. H. A. Dunphy, Thorndike, Mass.

The University of Maryland has now some 500 alumni in New England. These men have shown a great deal of interest in the work of the University, and are loyal alumni. They have a well-

organized alumni association, which meets semi-annually in Boston, and is well attended.

The officers for the coming year are:

President—Dr. A. L. Miner, Bellows Falls, Vt.

Vice-President—Dr. W. T. Councilman, Boston, Mass.

Secretary—C. S. Gilman, Boston, Mass.

NORTH CAROLINA STATE MEDICAL ASSOCIATION.

On June 14, 15 and 16 Dr. T. A. Ashby attended a meeting of the North Carolina State Medical Association, held at Greensboro. He met at the meeting over 70 of the alumni of the University of Maryland, and organized an Alumni Association for the State of North Carolina, with the following officers:

President—Dr. W. S. Rankin, Raleigh.

Secretary—Dr. C. W. Banner, Greensboro.

Executive Committee—Dr. G. M. Saliba, Wilson; Dr. R. D. McMillan, Red Springs, and Dr. C. T. Harper, Wilmington.

The University of Maryland has from 400 to 500 Alumni in North Carolina who have always been very loyal to the University. Next to the State of Maryland, North Carolina stands second in the number of students in attendance in the medical department of the University of Maryland. The University can rely upon always having the generous support from the alumni in that State.

ITEMS

We wish to extend our deep sympathy to Dr. Ernest Zueblin, professor of experimental medicine at the University of Maryland, who, on July 6, received the sad news of the death of his mother, Mrs. Dr. S. Zueblin-Billwiller, of St. Gall, Switzerland, who died on June 22 last. Although Mrs. Zueblin had been in poor health for several years, the news of her death was unexpected. Dr. Zueblin has made a warm place in the hearts of his many friends in Baltimore, and his sorrow is shared by them.

At the last joint meeting of the Faculty of Physic of the University of Maryland and Physicians and Surgeons, the following University Faculty of Physic was decided on:

Randolph Winslow, A.M., M.D., LL.D.; L. E. Neale, M.D., LL.D.; C. W. Mitchell, A.M., M.D.; T. A. Ashby, M.D., LL.D.; J. Holmes Smith, M.D.; John C. Hemmeter, M.D., Ph.D., Sc. D., LL.D.; Arthur M. Shipley, M.D.; David Streett, A.M., M.D.; Samuel K. Merrick, M.D.; Ridgely B. Warfield, M.D.; Gordon Wilson, M. D.; J. W. Chambers, M.D., Sc.D., F.A.C.S.; William Simon, M.D., Sc.D.; William F. Lockwood, M.D.; George W. Dobbin, A.B., M.D.; William Royal Stokes, M.D., Sc.D.; Harry Friedenwald, A.B., M.D., F.A.C.S.; Archibald Harrison, M.D., F.A.C.S.; Cary B. Gamble, Jr., A.M., M.D.; William S. Gardner, M.D., F.A.C.S.; Standish McCleary, M.D.; Julius Friedenwald, A.M., M.D.

Dr. G. Carroll Lockard was made director of the medical clinic and will have charge of the medical service in the hospital and medical dispensary. Dr. Lockard will be on half-time service, giving four hours a day to the work.

Dr. Frank S. Lynn, class of 1907, was made chief of the out-patient department, and will have supervision of the entire dispensary.

Dr. William R. Stokes, class of 1891, was elected professor of pathology and bacteriology; Dr. Standish McCleary, Physicians and Surgeons, class of 1890, professor of pathology; Dr. Spencer will be full-time man in the department of pathology; Dr. W. Simon was elected professor of chemistry; Dr. Samuel J. Fort, of materia medica; Dr. Zueblin, professor of experimental medicine; Dr. Hirsh, who recently resigned the chair of pathology, was elected professor of clinical pediatrics, and Dr. Kirle professor of medical jurisprudence.

Dr. Joseph Chester Lutz, class of 1914, was appointed resident pathologist. Dr. James Chester Brogden, class of 1914, formerly of the surgical service at Bayview, has been appointed chief resident obstetrician in the University Hospital.

Dr. Harry M. Stein, class of 1914, formerly of the tuberculosis division of Bayview, was appointed chief resident physician at the Hospital.

Dr. Page Edmunds, class of 1898, attended the twenty-fourth annual meeting of the Baltimore and Ohio Association of Railway Surgeons, of which he is president. The meeting was held in Chicago.

The following members of our alumni were successful in passing the regular North Carolina State Board examination:

Robert D. Hall, class of 1915, of Statesville, N. C.

William [illegible], class of 1915, of Southport, N. C.

Edgar W. [illegible], class of 1915, of Hertford, N. C.

John D. Robinson, class of 1915, Ivanhoe, N. C.

Franklin L. Lackey, class of 1915, of Fallston, N. C.

John A. B. Lowry, class of 1915, of Raynham, N. C.

William B. Burleson, class of 1915, of Plumtree, N. C.

Frank W. Wilson, class of 1914, of Greenville, N. C.

Robert C. Williams, class of 1912, of Rose Hill, N. C.

Thomas L. Morrow, class of 1915, of Mebane, N. C.

Hickman Ray, class of 1915, of Raleigh, N. C.

The following received license by reciprocity:

H. A. Codington, class of 1911, of Wilmington, N. C.

E. G. Breeding, class of 1913, of Rocky Mount, N. C.

R. B. Lawson, class of 1902, of Chapel Hill, N. C.

The decennial reunion of the class of 1905, University of Maryland, commenced at 3 P. M. June 22 with the assembling of the members at the Emerson.

After the first moments of excitement were over, which naturally accompanied the renewal of friendships after an elapse of 10 years, the members were requested to register. They were asked to state the particular line of work to which they had devoted the 10 years, also whether they were married, and, if so, the number of children they had. All of these facts were of great interest to the old classmates. In all, 31 members of the class registered, some coming from as far south as Florida, as far west as Minnesota and from as far north as Rhode Island.

In the evening of the same day an informal smoker was given at the Emerson. The evening was spent in recounting old days at the University and in recalling the experiences of the last 10 years.

The morning of the second day of the reunion, June 23, was spent in clinics at the University, where the former students were addressed by the members of the faculty.

The afternoon was devoted to a picnic at Bay Shore Park. A typical Maryland dinner was served, which was thoroughly enjoyed by all, but particularly by those from other States.

The morning of the 24th was spent in clinics at the University, followed by a luncheon at the University Hospital, which was very much enjoyed and very much appreciated by all. The afternoon was spent at the Johns Hopkins Hospital. Here the Brady clinic was visited, and a clinic was held by Dr. Young.

On the evening of the 24th an informal dinner was given at the Baltimore Country Club. This was the final event of the reunion, and, as such, was one of the most important. A picture of the gathering was taken, which will be highly prized by all present. Dr. Kneisley of Hagerstown was toastmaster, and every member of the class made an address. Plans were made for the future, and, because of the success of this reunion, it was agreed to meet every five years.

Members of the class of 1905 who attended the reunion:

R. C. Metzel, Baltimore.
A. G. Rytina, Baltimore.
H. L. Kneisley, Hagerstown.
H. D. McCarty, Baltimore.
Benjamin F. Tefft, Anthony, R. I.
R. L. Mitchell, Baltimore.
J. S. Gibson, Gibson, N. C.
S. R. Clarke, Roland Park, Md.
F. J. Waas, Jacksonville, Fla.
L. J. Goldbach, Baltimore.
J. Elderdice, Salisbury, Md.
H. C. Houck, Baltimore.
J. S. Billingslea, Elvaton, Md.
W. A. Knell, Baltimore.
Ira Burns, Wilmington, Del.
C. M. Benner, Taneytown, Md.
W. H. Smithson, New Park, Pa.
F. W. Janney, Baltimore.
R. P. Bay, Baltimore.
J. L. Riley, Snow Hill, Md.
G. B. Harrison, Colonial Beach, Va.
W. J. Riddick, Norfolk, Va.
J. P. McGuire, Clarksburg, W. Va.
E. V. Copeland, Round Hill, Va.
E. B. LeFevre, Inwood, W. Va.
J. W. Pierson, Baltimore.
Seth De Blois, Newport, R. I.

Eugene Kerr, Towson, Md.
S. L. Bare, Westminster, Md.
R. C. Carnall, Waverly Mills, S. C.
H. C. Irvin, Roanoke Rapids, N. C.

At a meeting of the regents of the Maryland State University, June 10th, the merger of the Maryland University School of Medicine and the College of Physicians and Surgeons was discussed. The principal business of the meeting was to authorize the treasurer of the University, Lloyd Wilkinson, to accept the appropriation made by the last session of the Legislature for the advancement of medical education. This appropriation is for $15,000 for each of the years 1914 and 1915, together with $5000 for each year for administrative purposes. Some little of the first year's $5000 for administration has been paid, but the bulk of the total appropriation of $40,000 will be available in October, 1915, and one-half of it is available now.

Dr. Henry B. Thomas has closed his town house on Cathedral street and joined Mrs. Thomas at Blue Ridge Summit, Pa., where they will spend the summer.

Mrs. Ethel Palmer Clarke, R. N., formerly superintendent of the University Hospital Training School for Nurses, who for the past year has been following advanced studies at the Teachers' College, Columbia University, has completed her work there. On July 1 she went to the University of Indiana, where she has been appointed principal of the School of Nursing and superintendent of nurses.

The School of Nursing is an integral part of the State University, which is in the front rank of those educational institutions which have come of late to realize the necessity of a broader and higher plane of teaching of the art of nursing. Mrs. Clarke is well equipped for this advanced work, and will bring to it a broad knowledge and wide experience.

Miss Maud E. Miller, R. N., of the class of 1914, University Hospital Training School for Nurses, accompanied Mrs. Clarke as first assistant at the Robert Long Hospital, Indianapolis, Ind.

We are glad to report that Dr. Humphrey William Butler, class of 1913, now practicing in Canhotinoho, Brazil, is held in such esteem by his Brazilian friends that they tendered him a complimentary dinner upon the occasion of his recent birthday as a testimonial of the high regard in which they hold him. We are glad that Dr. Butler is so popular so far away from home.

Miss Julia C. Foley, assistant superintendent of nurses of the Hospital, is spending the month at her home in Loch Raven, Md.

Miss Betty White, class of 1915, has been appointed assistant superintendent of nurses of the Walker Memorial Hospital, Wilmington, N. C.

Dr. James A. Nydegger sailed for Europe recently to study medical conditions abroad. He will return to this country in the early fall.

Dr. Beverly B. Briscoe, class of 1903, has moved from Accident, Md., to Markleysburg, Pa.

Miss Adelaide C. Coward, University Hospital Training School for Nurses, class of 1913, is located at Grifton, N. C.

Dr. Francis F. Calahan, class of 1913, in a field of twenty, passed first in a competitive examination as junior resident physician in Chicago's new $2,000,000 Tubercular Hospital. THE BULLETIN congratulates Dr. Calahan upon his success. It is such results as this which testify that the University of Maryland is still doing a good work in medical education. His instructors feel particularly proud of him, and trust that others will reflect as much credit upon the institution as Dr. Calahan.

Dr. Thomas L. Patterson, M.A., associate professor of biology and physiology, has resigned his position at the University in order to accept the position of assistant professor of physiology in the medical faculty of Queen's University, Kingston, Ontario.

We regret to announce to our readers the resignation of Dr. Richard Hall Johnston as clinical professor of diseases of the nose and throat at the University. Dr. Johnston has been a member of the teaching force at the institution since 1903, during which time he has done very excellent work and has been a credit to the institution. Dr.

has attained a position of importance and prominence among the members of the profession.

The Faculty of Physics of the combined schools of the University of Maryland and the College of Physicians and Surgeons, consisting of 11 men from each school, met June 14th in the office of Dr. Arthur M. Shipley, acting dean of the Medical School of the University of Maryland, and worked out the details of the first catalogue of the combined schools, which will go to press within the next few days.

No action was taken in regard to the election of a new provost, which matter will probably be deferred until the fall, nor were plans for new buildings discussed.

Dr. and Mrs. Hiram Woods and family have closed their residence on Park avenue and opened their summer home at Blue Ridge Summit, Pa., for the summer.

Dr. John C. Hemmeter, who has been seriously ill with appendicitis at his home, 739 University Parkway, is improving. Dr. Hemmeter was on a fishing trip in Accomac county, Va., when he became ill and hurried home.

Colonel Louis Mervin Maus, Medical Corps, U. S. A., class of 1874, formerly on duty as Surgeon-General of the Eastern Department of the Army on Governor's Island, was retired from active service on reaching the age limit of 64 years, Saturday, May 8, 1915. Colonel Maus has the distinction of having served longer than any other officer in the Medical Corps of the Army. He was commissioned a second lieutenant in the corps nearly forty-one years ago.

Colonel Maus is a veteran of Indian campaigns, of the Spanish War and of the Philippines, having been the first American head of the Public Health Department in the Islands. He is a Marylander and received his medical education at the University of Maryland, after which he took postgraduate courses in New York City, Paris and Vienna.

It was Colonel Maus who, at the beginning of the Spanish War, was ordered to New York as the medical officer to aid in the mustering into service of the New York volunteers. After this work was completed he was ordered to Tampa as surgeon-general of the Seventh Army Corps, and went with it to Cuba. Shortly after his return to the United States he was ordered to the Philippines, where he was appointed by ex-President Taft, then governor-general of the islands, to organize an efficient public health service. It was under his direction that Manila was cleaned of rats and that the danger of bubonic plague, then a constant menace, was eradicated. He also organized the leper colony on the island of Culion and made Manila immune to smallpox by compulsory vaccination of the entire population.

Colonel Maus often has been in the public eye as a result of his war on alcohol. He believes that alcoholic beverages should be absolutely prohibited in armies when they are in active service. Likewise, he has argued always that the beerless canteen is the best of all canteens. He has pointed out time and time again that the officers engaged in aviation should be teetotalers.

"One reform that is needed in all armies," he said a few weeks before the war cloud gathered in Europe, "is greater restrictions concerning alcohol in time of war. Smoking should be allowed as one of the pleasures, but alcohol should be absolutely prohibited. It was responsible, in my opinion, for a large part of the stomach and mental troubles of our troops in the Cuban campaign and in the Philippines. It is a fact that soldiers do not know how to use alcohol, and they never will."

Of the use of alcohol and its fatal consequences for aviators, Colonel Maus said:

"Flying, of all things, requires a cool head, clear eye, and a steady hand, conditions which are absolutely impossible with those who drink even moderately. Until the day of judgment no one will ever learn how many of the hundreds of aviators who have lost their lives in the last few years have alcohol to blame for the tragedy.

"It is my candid opinion that any officer of the Army or Navy who renders himself incompetent or stupid through drink in actual warfare might just as well enter into treasonable relations with the enemy and sell his country.

"Practically all of the crime committed in the Army, directly or indirectly, can be traced to the effects of alcohol. Murders, robberies, desertions, courts-martial and dismissal of officers, prison and guardhouse sentences of enlisted men, fights, brawls, broken friendships, misery, wretchedness

and moral degeneracy should generally be ascribed to the use of intoxicants.

"With a bar, the post exchange becomes a loafing and drinking place for the men. I feel certain that a large number of young soldiers who do not drink today would, in self-defense, have to treat their comrades and drink themselves, if they visited the exchanges at all, were beer sold there. Fortunately, a wave of temperance has permeated the country since those days and affected the habits of the Army as well as those of men in civil life."

Colonel Maus is a brother of Brigadier-General Marion P. Maus, U. S. A., retired. Mrs. Maus, like her husband, has long been prominent in Army life, and for years has been one of the leading women workers in the various Army relief societies.

At the commencement exercises of Mount St. Joseph's College, June 17th, the honorary degree of Master of Arts was conferred on Dr. John T. O'Mara, class of 1903, of 1042 Edmondson avenue, Baltimore.

Prof. Randolph Winslow, accompanied by Mrs. Winslow and Miss Eliza Winslow, left Sunday, June 6th, for an extended Western trip. In a recent letter from him he writes from Cheyenne, Wyoming, that he is enjoying himself immensely, as well as profitably. So far he has spent some days at the clinics of Dr. Crile at Cleveland, Ohio; Drs. Bevans, Ochsner and Murphy at Chicago, Ill., and the Drs. Mayo at Rochester, Minn. He also spent some days with his son, Dr. FitzRandolph Winslow, at Baraboo, Wis. Dr. Winslow attended the meetings of the American Surgical Association at Rochester and the sessions of the American Medical Association at San Francisco. He also took in the exposition.

Dr. William Houston Toulson, class of 1913, is now a resident at the University Hospital. He spent the past year as resident surgeon at Bayview Hospital.

Dr. Charles C. Habliston, class of 1914, has been appointed resident physician at the Cleveland Municipal Hospital for Tuberculosis.

Drs. Howard Edward Lecates, class of 1913; Joseph Sparck, class of 1913, and Porter P. Vinson, class of 1914, are residents at Sea View Tuberculosis Hospital.

Dr. Louie M. Limbaugh, class of 1914, has accepted a residency at the Union Protestant Infirmary, Jacksonville, Fla. Service will begin September 1st, and is mixed.

Dr. Harry M. Stein, class of 1914, past year resident at the Municipal Hospital, Bayview, has been appointed chief medical resident at the University Hospital.

Dr. James Chester Brogden, class of 1914, has been appointed chief resident physician in the University Hospital.

Dr. Herbert A. Codington, class of 1911, ex-resident surgeon at the University Hospital, has been appointed superintendent of the James Walker Memorial Hospital, Wilmington, N. C. He was a recent visitor to the Hospital, and besides coming to see his friends, bought some furnishings for the hospital at Wilmington. Dr. Codington is exceptionaly equipped, and we presage for him a most successful future.

Miss Lucy Hill, University Hospital Training School for Nurses, class of 1914, has accepted a position in the Tubercular Hospital at Bayview.

The automobile of Dr. Nathan Winslow was almost completely wrecked a few days ago, when two men, after stealing an automobile from a garage on Greene street, crashed into his car, which was standing in front of the University Hospital. The fender, mudguard, lamp, wheel and hood were bent and dented and the engine injured. Dr. Winslow was standing in the door of the hospital when the crash occurred, but was unable to prevent it. The two men made their escape.

BIRTHS

To Dr. Robert L. Mitchell, class of 1905, and Mrs. Mitchell, of 2112 Maryland avenue, June 11, 1915, a son.

To Dr. Humphrey William Butler, class of 1913, and Mrs. Butler, of Canhotinoho, Brazil, S. A., in April, a daughter.

MARRIAGES

Dr. Conrad Harwood Douthirt, class of 1914, to Miss Lydia Isabelle Reid, both of Baltimore, Md., at Towson, Md., June 2, 1915. Dr. and Mrs. Douthirt will reside at Roaring River, N. C. Dr. Douthirt served a year as intern at the Maryland General Hospital.

Dr. Harvey K. Fleckenstein, Physicians and Surgeons, class of 1904, of Baltimore, Md., to Miss Isabella Griffith, University Hospital Training School for Nurses, class of 1907, at Retirement, near Gaithersburg, the country estate of the bride's parents, June 12, 1915. Following a wedding trip spent in the North, Dr. and Mrs. Fleckenstein will reside in Baltimore.

Dr. Walter S. Niblett, class of 1911, to Miss Ethel Wolfe, both of Hillsdale, Md., at Hillsdale, June 9th, 1915. Following the ceremony, Dr. and Mrs. Niblett left for an automobile tour of the Shenandoah Valley. They will be "at home" to their friends after June 15th at Walbrook, where Dr. Niblett has taken up the practice of his profession. Dr. Niblett was formerly superintendent of the Kernan Hospital for Crippled Children.

DEATHS

It is with much regret that we announce to our readers the death, on June 24, 1915, of Dr. St. Clair Spruill, class of 1890, professor of clinical surgery at the University, and recognized as one of the most eminent surgeons of the city, at the home of Dr. Charles W. Mitchell, 9 East Chase street, from septic bronchitis, aged 49 years.

Dr. Spruill was born on July 28, 1866, at Columbia, N. C., and was a son of William L. Spruill of Columbia, N. C. He was graduated from the Maryland University School of Medicine in 1890, and after his graduation was appointed resident physician to the Lying-in Hospital of the University. He spent a year in that position, and in 1892 became superintendent of the hospital proper, holding that position until 1898. Since 1902 he had been professor of clinical surgery at the University of Maryland.

He was also surgeon to the University and Hebrew Hospitals, attending surgeon at the Maryland General Hospital and the Emergency Hospital at Annapolis, was chief surgeon of the Washington, Baltimore and Annapolis Railway and consulting surgeon of the Baltimore and Ohio; from 1902 to 1904 he was major and surgeon in the Fifth Regiment.

Fishing was Dr. Spruill's great hobby. He was pressed with cases, but he managed to steal sufficient time at intervals to get out his rod and get off to a quiet spot on the Magothy and angle. While he was an expert in operating, he wrote no books. When in the city he spent his time with Dr. Mitchell's family or at one of the clubs of which he was a member. He was enrolled in the Medical and Chirurgical Faculty of Maryland, the North Carolina Society, the University Club and the Baltimore Country Club.

There was no more widely respected surgeon in the city than Dr. Spruill, and his life here was marked by a series of successes that caused him to be looked upon as an authority. He was consulted on delicate operations by surgeons and physicians all over Maryland and adjoining States. Several times he became infected during operations and on two occasions his life was despaired of and he was able to regain his health only through the close attention of his associates.

One of the main points of his success was his thorough understanding of his materia medica. He had wide practice as a physician before he took up surgery and he was able to diagnose a case thoroughly before he began using the knife. His long service at the University of Maryland Hospital fitted him well for his future practice.

Dr. Samuel J. Windsor, Physicians and Surgeons, class of 1886, formerly of Eastern Shore, Md., died at his home, 913 North Broadway, Baltimore, June 21, 1915, of heart trouble, aged 52 years.

Dr. Orlando C. Stewart, class of 1878, formerly of Cookport, Pa., died at his home in Toledo, Ohio, June 2, 1915, from heart disease.

Dr. Frank Huske Holmes, class of 1895, of Clinton, N. C., a fellow of the American Medical Association; formerly president of the Sampson County (N. C.) Medical Society; major and surgeon, N. C. N. G.; superintendent of health of Sampson county, died in a sanatorium in Asheville, N. C., April 18, 1915, aged 45 years.

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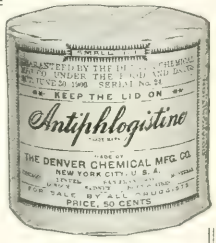

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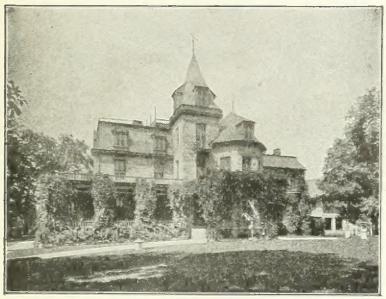

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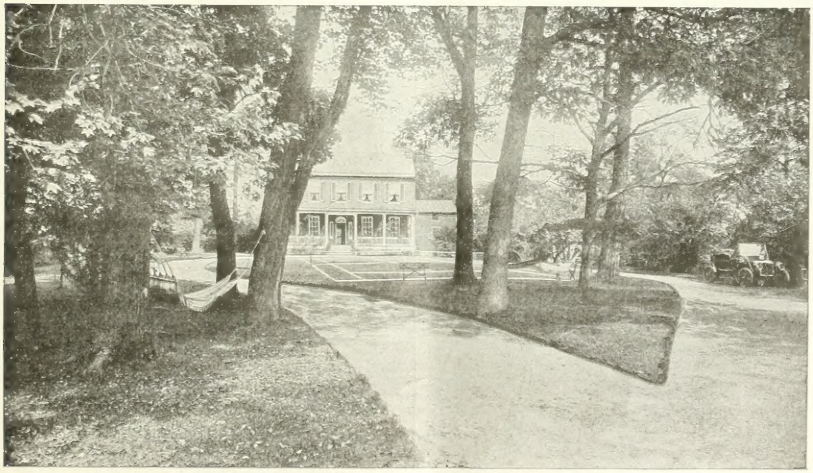

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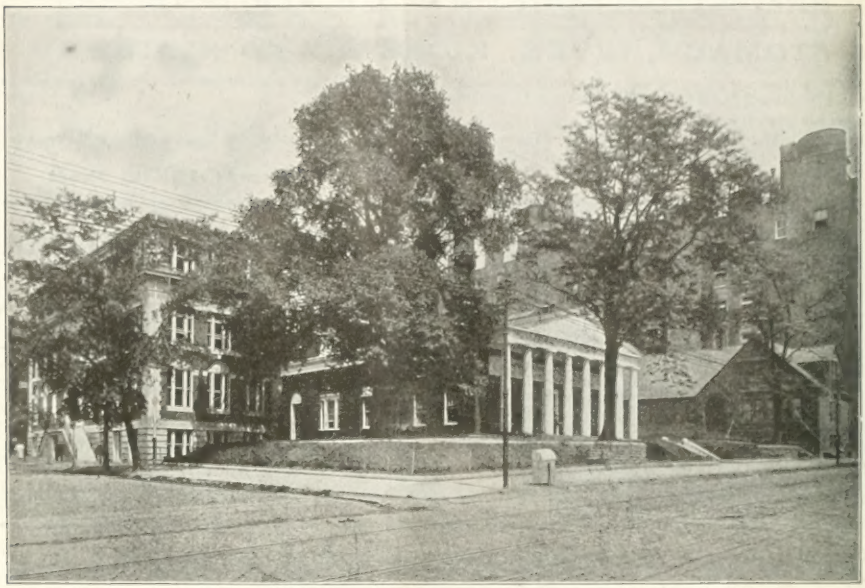

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GIDEON TIMBERLAKE, M. D., Professor of Genito-Urinary Diseases.
JOHN G. JAY, M. D., Clinical Professor of Surgery.
NATHAN WINSLOW, A. M., M. D., Clinical Professor of Surgery.
PAGE EDMUNDS, M. D., Clinical Professor of Genito-Urinary Diseases.
JOSEPH W. HOLLAND, M. D., Associate Professor of Anatomy.
WILLIAM TARUN, M. D., Associate Professor of Diseases of the Eye and Ear.
G. C. LOCKARD, M. D., Associate Professor of Clinical Medicine and Pediatrics.
E. L. WHITNEY, M. D., Associate Professor of Physiological Chemistry, Pharmacology and Clinical Pathology.
E. B. FREEMAN, S. B., M. D., Associate Professor of Clinical Medicine.
WILLIAM CASPARI, JR., Ph. G., M. D., Associate Professor of Materia Medica.
H. R. SPENCER, M. D., Associate Professor of Pathology and Bacteriology.
E. R. STROBEL, A. B., M. D., Associate Professor of Dermatology.
W. B. WOLF, M. D., Associate Professor of Genito-Urinary Diseases.
THOMAS W. KEOWN, A. B., M. D., Associate Professor of Clinical Medicine.
J. CLEMENT CLARK, M. D., Associate Professor of Psychiatry.
H. W. BRENT, M. D., Associate Professor of Gynecology.